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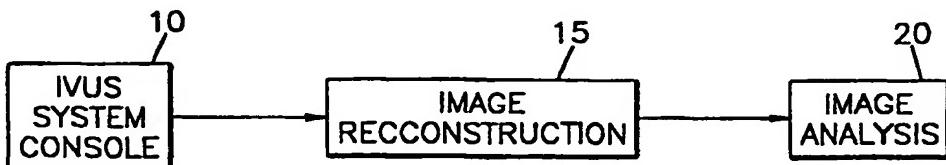
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(54) Title: INTRAVASCULAR ULTRASONIC ANALYSIS USING ACTIVE CONTOUR METHOD AND SYSTEM

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(57) Abstract: An intravascular ultrasound (IVUS) analysis system (10) and method is provided which determines luminal and mediCal-adventitial boundaries of a blood vessel. Ultrasonic data is acquired by a rotating transducer mounted to a tip of a catheter which is inserted into the blood vessel (30). An intravascular image is reconstructed from the ultrasound data (15). A boundary contour is generated based on the boundary points (70). Once the final luminal boundary contour is generated, the process is repeated to determine the mediCal-adventitial boundary contour. With the contour data, properties of the blood vessel are analyzed including determining the area of the lumen and percent of occlusion caused by plaque.

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**INTRAVASCULAR ULTRASONIC ANALYSIS
USING ACTIVE CONTOUR METHOD AND SYSTEM**

BACKGROUND OF THE INVENTION

The present invention relates to medical imaging arts. It finds particular
10 application to an intravascular ultrasonic image analysis method and system
which determines luminal and medial-adventitial boundaries of a vascular
object.

Ultrasonic imaging of portions of a patient's body provides a useful tool
15 in various areas of medical practice for determining the best type and course of
treatment. Imaging of the coronary vessels of a patient by ultrasonic techniques
can provide physicians with valuable information. For example, the image data
may show the extent of a stenosis in a patient, reveal progression of disease,
help determine whether procedures such as angioplasty or atherectomy are
20 indicated or whether more invasive procedures may be warranted.

In a typical ultrasound imaging system, an ultrasonic transducer is
attached to the end of a catheter that is carefully maneuvered through a patient's
body to a point of interest such as within a blood vessel. The transducer is a
25 single-element crystal or probe which is mechanically scanned or rotated back
and forth to cover a sector over a selected angular range. Acoustic signals are
transmitted during the scanning and echoes from these acoustic signals are
received to provide data representative of the density of tissue over the sector.
As the probe is swept through the sector, many acoustic lines are processed
30 building up a sector-shaped image of the patient.

After the data is collected, images of the blood vessel are reconstructed
using well-known techniques. Since the data is acquired along a section of the
vessel, hundreds of intravascular images may be generated. A typical analysis
35 includes determining the size of the lumen and amount of plaque in the vessel.
This is performed by having a user visually analyze each image and manually
draw a boundary contour on the image at a location where the user believes is

5 the luminal boundary and medial-adventitial boundary of the vessel. This is a very time consuming process which can take days to evaluate a set of images from one patient. Furthermore, the boundary determination is made more difficult when the images are of poor quality and the boundaries are difficult to see on the image.

10

The present invention provides a new and unique intravascular ultrasonic image analysis method and system with cures the above problems and others.

15

SUMMARY OF THE INVENTION

In accordance with the present invention, a new and unique method for determining a boundary contour of a blood vessel is provided. An intravascular ultrasound image of the blood vessel is generated from data acquired radially within the blood vessel by an ultrasonic device. The ultrasound image is displayed to a user where the image includes a representation of a boundary of the blood vessel. The user selects control points along the boundary. The control points are interpolated to generate a boundary contour. The boundary contour is then optimized by adjusting each of the control points based on a gradient image which includes a distinguished boundary determined from the ultrasound image.

In accordance with a more limited aspect of the present invention, the distinguished boundary is determined by radially analyzing pixel values of the ultrasound image.

In accordance with a more limited aspect of the present invention, the gradient image is formed by converting the ultrasound image to a polar image where the polar image has a plurality of radial scan lines which include a plurality of pixels. An edge of the boundary is radially determined along each of the radial scan lines by applying a gradient filter to each of the plurality of

5 pixels. The gradient filter distinguishes pixels which likely form the edge of the boundary. The distinguished pixels define the distinguished boundary.

In accordance with another aspect of the present invention, a method of intravascular analysis of an intravascular image is provided. The intravascular 10 image is generated from data acquired by an ultrasonic device which radially scans a vascular object internally. The intravascular image is converted to a Cartesian format which includes a representation of a boundary of the vascular object. Boundary points are selected on the intravascular image in a vicinity of the boundary. A first boundary contour is generated based on the boundary 15 points. A second boundary contour is then generated based on radial boundary determined performed on a polar image of a intravascular image. The first boundary contour is then adjusted by an influence from the second boundary contour to obtain an optimized boundary contour.

20 In accordance with a more limited aspect of the present invention, the radial boundary determination includes applying a gradient filter in a radial direction on the polar image. The gradient filter distinguishes areas of the polar image in the vicinity of the boundary of the vascular object.

25 One advantage of the present invention includes determining luminal and medial-adventitial boundaries from an ultrasound image using image data having the same format as the IVUS data which was collected. In particular, IVUS data is collected radially by a rotating transducer or array of transducers. Thus, to obtain a more accurate boundary determination, the boundary 30 determination is influenced by radial edge detection from a polar format of an image.

Another advantage of the present invention is that the determination of luminal and medial-adventitial boundaries is accurately performed. 35 Additionally, the present system reduces the time necessary for a user to

5 determine these boundaries which may involve manually processing hundreds of images.

Another advantage of the present invention is that boundary determination can be performed in real-time, for example, in an operating room. In this manner, a surgeon can receive immediate data relating to a patient's
10 blood vessels.

Still further advantages of the present invention will become apparent to those of ordinary skill in the art upon reading and understanding the following detailed description of the preferred embodiments.

15

BRIEF DESCRIPTION OF THE DRAWINGS

The following is a brief description of each drawing used to describe the present invention, and thus, are being presented for illustrative purposes only and should not be imitative of the scope of the present invention, wherein:

20 **Figure 1** is a block diagram of an overall ultrasonic imaging system;

Figure 2 is a process diagram of acquiring and analyzing ultrasound data in accordance with the present invention;

Figure 3 is a block diagram of optimizing a boundary contour based on a radially determined boundary in accordance with the present invention;

25 **Figure 4** is an intravascular ultrasound image showing selected boundary points in the vicinity of the luminal boundary;

Figure 5 shows an initial boundary contour generated from the boundary points of **Figure 4**;

Figure 6A is the intravascular image in Cartesian format;

30 **Figure 6B** is the image in **Figure 6A** in polar format;

5 **Figure 7A** illustrates the image of **Figure 6B** as a gradient image after filtering;

Figure 7B is the gradient image of **Figure 7A** scan converted into Cartesian format;

10 **Figure 8** is an illustration of moving contour vertices in a neighborhood of pixels in accordance with the present invention;

Figure 9 shows the intravascular image of **Figure 5** with a final boundary contour in accordance with the present invention;

Figure 10 is a representation of a blood vessel showing its luminal size and plaque thickness;

15 **Figure 11** shows a sequence of image frames where control points are selected on a starting and ending frame;

Figure 12 shows the sequence of images frames including an initial luminal boundary contour for each frame;

20 **Figure 13** shows the sequence of images frames including an optimized luminal boundary contour for each frame;

Figure 14 shows a three-dimensional surface contour of a lumen as determined from optimized luminal boundary contour data in accordance with the present invention; and

25 **Figure 15** shows a luminal and medial-adventitial contours for an image frame.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

 With reference to **Figure 1**, an overall intravascular ultrasound (IVUS) system is shown. An IVUS system console 10 collects ultrasonic data from a transducer (not shown). The transducer is attached to the end of a catheter that 30 is carefully maneuvered through a patient's body to a point of interest. In the

5 present system, the catheter is maneuvered through the interior of vascular organs in order to obtain intravascular ultrasound data of the surrounding vascular tissue. The IVUS system console 10 is, for example, a C-VIS Clearview Imaging System and the transducer is a single element mechanically rotated ultrasonic device having at least a frequency of 20 MHz. The ultrasonic
10 device may also be an array of transducers circumferentially positioned to cover 360° where each transducer radially acquires data from a fixed position.

An exemplary process for collecting ultrasound data is as follows. Once the transducer reaches a desired point within the vascular object, the transducer is pulsed and then acquires echoes for about 7 micro seconds. It is rotated 1.5
15 degrees and pulsed again. This is repeated for 240 scan lines around 360 degrees. The number of samples acquired in each scan line controls the depth of the echoes recorded by the transducer and ultimately the resolution of the image. An image reconstruction processor 15 reconstructs an image from the raw ultrasound data. The reconstruction is performed using any image
20 reconstruction routine known to those of ordinary skill in the art. The present application is not directed to image reconstruction and, thus, will not be discussed in detail. An exemplary reconstructed ultrasound image is shown in Figure 6A which shows a cross-sectional view of a blood vessel.

The ultrasound data is collected radially by the rotating transducer. The
25 rotational position of the transducer at each point in time a scan line is acquired is used to create the image. Thus, the data is in polar format where each data has an angle θ and a radius R associated with it. Polar images are, however, difficult for a user to visually interpret so the polar data is converted to x and y Cartesian image coordinates. This process is called scan conversion.
30 Equations (1) and (2) show the common polar to Cartesian coordinate transformation.

$$X = R \cdot \cos(\theta) \quad (1)$$

$$Y = R \cdot \sin(\theta) \quad (2)$$

5 Scan conversion is well known in the art and is performed by looping through the polar image, calculating the corresponding Cartesian location from R and θ using bi-linear interpolation of neighboring pixels, and assigning the pixel value at the polar location to the Cartesian location. Once the image data is generated, an image analysis routine 20 analyzes the image data which is
10 described in detail below.

With reference to **Figure 2**, a block diagram of the IVUS image analysis process is shown. As explained above, ultrasound data is acquired 30 by the IVUS system console 10 where the data is acquired radially within a vascular object by an ultrasonic device. An intravascular image is generated 40 from 15 the ultrasound data using any known image reconstruction process. A typical scan may generate hundreds of images along a section of the vascular object. The image data is originally in polar coordinates since the data is acquired radially and is then converted to a Cartesian format. A cross-sectional view of an intravascular image in Cartesian format is shown in **Figure 6A**.

20 Once the images are generated, a user may select one or more images for analysis and evaluation. In the preferred embodiment, an intravascular image is analyzed to determine a luminal boundary and a medial adventitial boundary of the vascular object which is imaged. With further reference to **Figure 2** and **Figure 4**, an intravascular image 100 is selected and displayed 50 to the user.
25 It is presumed that the user/operator is experienced in reading ultrasonic images and visually determining an approximate location of the luminal boundary and medial-adventitial boundary. The user selects 60 a set of boundary control points 105 at locations on the image where the user believes are the edges of a boundary, in this case, a luminal boundary.

30 With reference to **Figure 5**, an initial boundary contour 110 is generated 70 based on the selected control points 105. The initial contour 110 connects the control points resulting in an approximate location of the boundary edge. Additional control points may be automatically generated by the system between the user selected control points 105 to generate a better approximation

5 of a boundary edge. The initial boundary 110 can be obtained by interpolating between the control points 105.

With further reference 2, after the initial boundary contour 110 is generated, an active contour adjustment 80 is performed to obtain an optimized boundary contour which is close to or on the actual boundary edge of interest.

10 In general, the active contour adjustment 80 takes the initial contour 110, which is a roughly defined contour close to the edge of interest, and moves it around within the image data under an influence of several forces, external and/or internal, until it finds the edge of interest. The external forces are derived from image data properties such that the initial contour 110 is adjusted towards the

15 nearest edge in the image data. The internal forces are defined such that they are proportional to the curvature of the initial contour 110, and restricts contour adjustment such that the contour maintains first and second order continuity. In the preferred embodiment, the active contour adjustment 80 is based on minimizing an energy functional of Equation (3):

$$20 \quad E = \int (\alpha(s) \cdot E_{cont} + \beta(s) \cdot E_{curv,T} + \beta_L(S) \cdot E_{curv,L} + \gamma(s) \cdot E_{image}) ds \quad (3)$$

The first term E_{cont} controls the first order of continuity and the second term E_{curv} controls second order continuity. The last term E_{image} is based on an image quantity determined from the image data. In the preferred embodiment, the image quantity is edge strength based on pixel values in the image. Of course, other terms which control external constraints can be included in the functional to obtain a desired result. The parameters α , β , and γ are weighting factors which control the relative input between the terms. The value of a weighing factor can be increased to increase its influence on the functional.

25 For example, by increasing the value of γ , and decreasing the values of α , and β , the contour adjustment can be made to be entirely influenced by the E_{image} term.

Each control point 105 corresponds to a vertex on the initial contour 110 which resides at a pixel location on the intravascular image 100. To improve

- 5 the contour, neighborhood locations of each vertex (control point) are searched
and a location in the neighborhood giving the smallest value for the functional
is chosen as the new location for the vertex (control point). This process is
repeated through all control points until the number of points moved is less than
a specified threshold or a user defined maximum number of iterations is
10 reached.

Looking to the functional, the first term E_{cont} is formed by taking an average distance between all contour vertices and subtracting the distance between the current vertex and the previous vertex location as shown by the following Equation:

15
$$E_{cont} = d - |v_i - v_{i-1}| \quad (4)$$

In the above Equation, the v_i denotes the i^{th} vertex and d is the average distance between all the control points 105. This expression eliminates the possibility of the contour's curve shrinking while satisfying a first order continuity by encouraging even spacing between control points. Points having a
20 distance between them which is near the average distance produce a small value for E_{cont} . A goal of the functional is finding minimum values. The average distance d between the points is then recalculated on every iteration.

The second term E_{curv} encourages second order of continuity and is a curvature term. An estimate of the curvature is shown in the following
25 Equation:

$$E_{curv} = |v_{i-1} - 2v_i + v_{i+1}|^2 \quad (5)$$

Small values of E_{curv} in this expression encourage the reduction of curvature which helps the contour 110 maintain its shape and prevents formation of corners. If corners, or other shape features are desired in the final
30 result, the weighing factor β can be adjusted accordingly to raise or lower the influence of curvature in the functional minimization.

5 External forces acting on the contour 110 are represented in the third term E_{image} of the functional. The definition of the third term controls what image features or properties the contour 110 is attracted to. In the preferred embodiment, E_{image} is based on gradient values in the image. As explained previously, the ultrasound data is acquired radially by a transducer and, thus, the
10 data is polar in nature. Therefore, to obtain more accurate gradient values of the image to influence the adjustment of the boundary contour 110, the gradient values are determined from a polar image of the intravascular image 100.

With reference to **Figures 6A-B** and **7A-B**, formation of a gradient image which is used to optimize the boundary contour is shown. The original intravascular image 100 selected by the user is shown in **Figure 6A**. The initial boundary contour 110 is generated from this image shown in **Figures 4 and 5**.

With reference to **Figure 3**, a process for generating the gradient image and optimizing the boundary contour 110 is illustrated. The intravascular image 100 is shown in Cartesian format in **Figure 6A** and is converted 300 to a polar image 600 as shown in **Figure 6B**. As explained above, the image features which will influence the adjustment of the boundary contour 110 are the gradient values of the polar image 600. The polar image 600 includes a plurality of radial scan lines (not shown) which are defined horizontally across **Figure 6B** as is known in the art. Each scan line contains a plurality of pixel values where each pixel value represents a number, for example between 0 and 255 for an 8-bit system, where 0 represents black and 255 represents white. Once the polar image is generated, the boundaries of the vascular object are determined 305 radially along each scan line. In the preferred embodiment, the boundary determination is performed by applying a one-dimensional gradient filter across each scan line where the filter is: [-6, -4, -2, 0, 2, 4, 6]. The filter is applied to the pixels of each scan line in a radial direction and filtered gradient pixel values are found by:

$$\text{Pixel Value D} = (-6A) + (-4B) + (-2C) + (0D) + (2E) + (4F) + (6G)$$

(6).

5 Where the alphabetical letters A-G represent a gray value for a pixel. The current pixel is D and its new gradient value is determined based on the values of three previous pixels A, B and C and three subsequent values E, F and G in the radial direction along the current scan line. Of course, there are many gradient filters known in the art which can be used to radially determine edges
 10 in an image. By applying the gradient filter, the pixel values of the image near an edge become a distinguished gradient value from other values in the image.

With reference to **Figure 7A**, a gradient image is shown which is a result of applying the gradient filter to the polar image **600** of **Figure 6B**. Area **700** represents the catheter which was inserted into the blood vessel and **705** is
 15 the edge of the catheter **700**. Area **710** represents the lumen of the blood vessel and boundary **715** is the luminal boundary. The medial-adventitial boundary of the blood vessel is represented by **725**. Area **720**, which lies between the luminal boundary **715** and the medial-adventitial boundary **725**, may represent the build up of plaque in the blood vessel. The polar gradient image is then
 20 converted **310** to a Cartesian format gradient image **730** shown in **Figure 7B**. The conversion puts the gradient image **730** into the same format as the intravascular image **100** containing the initial boundary contour **110**, an optimized boundary contour **315**.

Gradient values of the gradient image **730** are used to calculate the E_{image}
 25 term for the minimization and contour adjustment. The boundary contour **110** is optimized **315** based on the edge boundaries found in the gradient image **730**. The E_{image} term is found by:

$$E_{image} = \frac{(min - g)}{(max - min)} \quad (7)$$

30 Optimizing the initial boundary contour **110** includes evaluating pixels neighboring each control point **105** to determine if the current control point is to be moved to a neighboring pixel.

5 With reference to **Figure 8**, an illustration of a neighborhood approach
of moving boundary contour vertices is shown. A current boundary control
point 105 is represented by vertex V_i and its two adjacent control points are
represented by V_{i-1} and V_{i+1} . A pixel neighborhood 800 is illustrated with the
pixel locations adjacent the V_i . The x,y location of the current control point in
10 the intravascular image 100 is used as the location of V_i in the gradient image
730 and identifies the neighborhood pixels 800. For each vertex V and its
neighborhood 800, the E_{image} term is calculated by determining the minimum
and maximum gradient values in the neighborhood 800 which are the min and
15 max terms of the equation. The gradient value at the vertex V_i location is
represented by g . The location in the neighborhood 800 which produces the
minimum E_{image} value, such as a negative value, means that it is a large
gradient value. Large gradient values are typically those which are on or near
the boundary edge. Thus, the contour will be attracted to edges with strong
energy. For example, after the calculation, vertex V_i might be moved to pixel
20 location 805. With equation (1), the energy E is calculated for each position in
the neighborhood 800 and the current vertex V_i is moved to the position giving
the minimum value. In this manner, the vertices of the boundary contour 110
move within the image data. The influential factor for adjusting the boundary
contour 110 (shown in **Figure 5**) is the boundary contour 715 shown in **Figure**
25 **7B** which is a radially determined edge of the luminal boundary. A final
optimized contour is obtained when the iteration process is complete.

With reference to **Figure 9**, a final luminal boundary contour 900 is overlaid on the original image 100 for the user to visualize. The final contour 900 is the result of optimizing the initial boundary contour 110. The process is
30 then repeated to determine the medial-adventitial boundary of the blood vessel.
In this process, the user selects a set of boundary points in the vicinity of the
medial-adventitial boundary. A contour is generated and optimized as
described. However, the distinguished boundary contour 725 shown in **Figure**
7B (the outer circular boundary) is used to influence the active contour
35 adjustment 80 rather than luminal boundary 715. As explained above, boundary

- 5 **725** is a distinguished contour that is radially determined from the polar image
600 using a gradient filter.

With reference to **Figure 10**, a cross-sectional view representing a blood vessel illustrates an exemplary final luminal boundary **900** and a final medial-adventitial boundary **910**. After these boundaries are determined with the 10 present system, an analysis **90** of the blood vessel is performed. Such analysis includes determining the size of the lumen **920** and determining the thickness of plaque **925** shown between the luminal boundary **900** and the medial-adventitial boundary **910**. Additionally, lumen/medial-adventitial boundary metrics are determined including cross-sectional area, centroid, maximum diameter, 15 minimum diameter, and eccentricity. Furthermore, plaque metrics of the vessel are determined including cross-sectional area, maximum thickness, minimum thickness, eccentricity, and percent occlusion.

The present invention provides the ability to diagnose a blood vessel in real-time. For example, IVUS image data can be collected from a patient and 20 images reconstructed. A user, who is in the operating room, can perform the present boundary determination for a selected section of images. A physician can receive, in real-time, an analysis of the vessel which returns the size of the lumen, percent occlusion, and other information about the vessel. Based on the analysis, the physician can immediately determine the size of a necessary stent 25 or balloon, evaluate the progression of disease, or identify changes in vessel size which may require medical attention.

With reference to **Figure 11**, the present invention generates a three-dimensional surface contour from a set of intravascular ultrasound images. Six sequential image slices or frames **0-5** are shown. It is to be understood that 30 these six exemplary frames are part of a large set of frames which may include hundreds of images obtained during an ultrasonic scan. To determine a three-dimensional surface contour of the lumen of the vessel, the user selects a starting frame and an ending frame from a series of sequential image frames in order to generate an initial contour model. In this case, frame **0** is selected as

5 the starting frame and frame 5 as the ending frame. Starting and ending frames are selected based on the visual similarity of the luminal boundary in the sequence of frames. In other words, the starting frame, ending frame and intermediate frames 1-4 therebetween each have a similar luminal contour. A frame which shows a substantially different luminal contour would not be
10 included within a selected starting and ending frame group.

With further reference to **Figure 11**, the user selects a set of starting control points 1000 in the vicinity of the luminal boundary in the starting frame 0. The points are selected at locations where the user believes is the boundary. A set of end control points 1005 are similarly selected on the ending frame 5.
15 The control points are then interpolated to generate a starting initial contour 1010 and an ending initial contour 1015 as shown in **Figure 12**. Based on the starting and ending initial contours, a contour is automatically generated for each intermediate frame 1-4 designated as contours 1011-1014, respectively. For example, the intermediate contours can be generated by interpolating
20 between the initial contours of the starting frame 0 and ending frame 5. Once initial luminal boundary contours are determined, they define three-dimensional surface data for the lumen within the segment of the vessel corresponding to the frames 0-5.

With reference to **Figure 13**, the initial contours 1010-1015 shown in
25 **Figure 12** are optimized according to the active contour method described above. The energy equation **E**, however, includes an additional E_{curv} term as follows:

$$E = \int (\alpha(s) \cdot E_{cont} + \beta_T(s) \cdot E_{curv,T} + \beta_L(s) \cdot E_{curv,L} + \gamma(s) \cdot E_{image}) ds \quad (8)$$

Since the boundary contours are in three-dimensions, the curvature term
30 now includes $E_{curv,T}$ which is a transverse curvature constraint and $E_{curv,L}$ which is a longitudinal curvature constraint. These terms limit the movement of points such that longitudinal continuity is maintained and kinks in the contour are prevented. The calculation of the term is similar, as explained above, except

5 that the control vertices V are different. In the three-dimensional model, V_i is a vertex from the current image frame, V_{i-1} is the vertex from the previous frame and V_{i+1} is the vertex from the next frame. Thus, bi-directional image data from adjacent frames is used to optimize the boundary contours.

The contour adjustment is performed iteratively, as described above,
10 where the energy equation is calculated for each boundary control point on the initial contour **1010** of frame **0** one time through. The processing then moves to the next frame **1**. After the ending frame **5** is optimized with the one iteration through all its control points, the process repeats with the starting frame **0** and continues to cycle through the frames until a user selected threshold condition is
15 satisfied for the energy equation or, a user selected number of iterations are performed. As explained previously, the object of the energy equation is to minimize its values by adjusting each point on the contour towards the edge of the luminal boundary. The final contours in each frame become an optimized representation of the actual boundary contour of the lumen. Final optimized
20 boundary contours **1020-1025** are shown in **Figure 13** as contours **1020-1025** in frames **0-5**, respectively.

With reference to **Figure 14**, a three-dimensional surface contour of a lumen of a blood vessel is shown as determined from a set of final optimized contours obtained from the present invention. The surface data is correlated by
25 using the boundary contour data from one frame to the next. The present invention simplifies boundary determination for the user since input from the user is only required on a starting and ending image frame. Boundaries on intermediate image frames are automatically determined. Thus, hundreds of image frames can be quickly processed by the user by selective grouping of
30 frames between starting and ending frames. Exemplary test results show that with the present invention, contours were determined for about 180 image frames in about 20 minutes. In contrast, a user typically needs about one hour to manually trace contours on ten images.

5 With reference to **Figure 15**, image frame 0 is shown including a
luminal contour 1030 and a medial-adventitial contour 1035. To determine the
medial-adventitial contour, the process is repeated by selecting control points on
the image at locations believed to be in the vicinity of the medial-adventitial
boundary of the vessel. Of course, the processing may be performed
10 simultaneously where the user selects boundary control points for both the
luminal boundary and medial-adventitial boundary on the selected starting
frame and ending frame. Once the medial-adventitial boundary data is found
for all frames, plaque analysis can be performed by comparing the luminal
boundary contour data and the medial adventitial boundary contour data. By
15 knowing the distance between each frame, as determined by tracking the
location of the transducer during image acquisition, volumetric information
such as the plaque volume can be calculated.

The invention has been described with reference to the preferred embodiment. Obviously, modifications and alterations to others upon a reading
20 and understanding of this specification. It is intended to include all such
modifications and alterations insofar as they come within the scope of the
appended claims are the equivalence thereof.

5 We claim:

1. A method of determining a boundary contour of a blood vessel from an intravascular ultrasound image where the ultrasound image is generated from data acquired radially within the blood vessel by an ultrasonic device, the method comprising the steps of:

10 displaying the ultrasound image, the ultrasound image being a cross-sectional view of a blood vessel and being a Cartesian image, the ultrasound image including a representation of a boundary of the blood vessel;

selecting control points along the boundary;

interpolating between the control points to generate a boundary contour;

15 and

optimizing the boundary contour by adjusting each of the control points based on a gradient image which includes a distinguished boundary, the gradient image being determined from the ultrasound image.

20 2. The method of determining a boundary contour as set forth in claim 1 further including determining the distinguished boundary by radially analyzing pixel values of the ultrasound image.

25 3. The method of determining a boundary contour as set forth in claim 1 wherein the gradient image is formed by:

converting the ultrasound image to a polar image, the polar image having a plurality of radial scan lines which include a plurality of pixels;

30 radially determining an edge of the boundary along each of the radial scan lines by applying a gradient filter to each of the plurality of pixels, the gradient filter distinguishing pixels which likely form the edge of the boundary, the distinguished pixels defining the distinguished boundary; and

converting the polar image of the ultrasound image to a Cartesian format to obtain the gradient image in Cartesian format including the distinguished boundary.

5 4. The method of determining a boundary contour as set forth in
claim 1 wherein the optimizing further includes adjusting each of the control
points based on a point spacing constraint and a curvature constraint maintain
continuity in the boundary contour.

10 5. The method of determining a boundary contour as set forth in
claim 4 further including iteratively performing the optimizing step for each of
the control points.

15 6. The method of determining a boundary contour as set forth in
claim 1 wherein:

the displaying further includes displaying a plurality of ultrasound
images being a sequential sequence of images of the blood vessel, the
ultrasound image being a starting image;

20 the selecting further includes selecting control points along the boundary
on an ending image from the plurality of ultrasound images such that at least
one intermediate image is between the starting and ending images; and

the interpolating further includes interpolating between the control
points of the starting and ending images to automatically generate a boundary
contour on the at least one intermediate image.

25

7. The method of determining a boundary contour as set forth in
claim 6 further including:

30 optimizing the boundary contour on the starting image, the at least one
intermediate image and the ending image by adjusting each of the control points
based on a gradient image which includes a distinguished boundary determined
from the ultrasound image of the starting image, the at least one intermediate
image and the ending image.

35 8. A method of intravascular analysis of an intravascular image, the
intravascular image being generated from data acquired by an ultrasonic device

5 which radially scans a vascular object internally, the method comprising the steps of:

converting the intravascular image to a Cartesian format, the intravascular image representing a boundary of the vascular object;

10 selecting a plurality of boundary points on the intravascular image in a vicinity of the boundary;

generating a first boundary contour based on the plurality of boundary points;

15 generating a second boundary contour based on a radial boundary determination performed on a polar image of the intravascular image; and

adjusting the first boundary contour by an influence from the second boundary contour to obtain an optimized boundary contour.

9. The method of intravascular analysis as set forth in claim 8
20 wherein the generating the first boundary contour includes linearly interpolating between the plurality of boundary points.

10. The method of intravascular analysis as set forth in claim 8
wherein the generating the second boundary contour includes applying a
25 gradient filter to the polar image.

11. The method of intravascular analysis as set forth in claim 10
wherein the radial boundary determination includes applying the gradient filter
in a radial direction on the polar image, the gradient filter distinguishing areas
30 of the polar image in the vicinity of the boundary of the vascular object.

12. The method of intravascular analysis as set forth in claim 8
wherein the generating the second boundary contour includes:

35 converting the intravascular image into the polar image having a plurality of scan lines;

5 forming a gradient image of the polar image by radially applying a gradient filter across each of the plurality of scan lines to distinguish the boundary of the vascular object; and

converting the gradient image to a Cartesian format, the distinguished boundary defining the second boundary contour.

10

13. The method of intravascular analysis as set forth in claim 8 wherein the adjusting further includes adjusting each of the plurality of boundary points in accordance with a spacing function which restricts a location of a boundary point based on an average distance between each of the plurality of boundary points.

14. The method of intravascular analysis as set forth in claim 13 wherein the adjusting further includes adjusting each of the plurality of boundary points in accordance with a curvature function which restricts a location of a boundary point based on a curvature of the first boundary contour.

15. The method of intravascular analysis as set forth in claim 8 wherein each of the plurality of boundary points has a location on the intravascular image and, the adjusting includes adjusting the location of each of the plurality of boundary points based on a corresponding location on the second boundary contour.

16. The method of intravascular analysis as set forth in claim 8 wherein the boundary is a luminal boundary of the vascular object.

30

17. The method of intravascular analysis as set forth in claim 8 wherein the boundary is a medial adventitial boundary of the vascular object.

35

18. A method of intravascular ultrasound image analysis where an intravascular image is generated from ultrasonic data acquired radially from an ultrasonic device from within a vascular object, the improvement comprising:

5

determining a boundary of the vascular object in accordance with a user defined boundary and a polar image of the intravascular image.

19. The method as set forth in claim 18 further includes:

10 applying a gradient to the polar image, the gradient generating a distinguished edge within the polar image which represents the boundary of the vascular object; and

adjusting the user defined boundary based on the distinguished edge within the polar image to obtain the boundary of the vascular object.

15

20. The method as set forth in claim 18 wherein the improvement further includes:

selecting a group of ultrasonic images from the ultrasonic data acquired from a segment of the vascular object, the group of ultrasonic images being 20 defined by a starting image and an ending image which have intermediate images therebetween;

generating a starting boundary contour on the starting image representative of the boundary of the vascular object;

25 generating an ending boundary contour on the ending image representative of the boundary of the vascular object; and

generating a boundary contour on each of the intermediate images representative of the boundary of the vascular object based on the starting and ending boundary contours.

30 21. The method as set forth in claim 20 wherein the generating a starting and ending boundary contours further includes:

selecting the boundary of the vascular object with a plurality of boundary points on both the starting image and the ending image; and

35 interpolating the plurality of boundary points on the starting image to obtain the starting boundary contour; and

5 interpolating the plurality of boundary points on the ending image to obtain the ending boundary contour.

22. The method as set forth in claim 21 wherein the generating a boundary contour on each of the intermediate images includes interpolating the
10 starting boundary contour and the ending boundary contour across the intermediate images.

23. The method as set forth in claim 22 further including:
generating a corresponding polar image for each of the starting,
15 intermediate and ending images; and
adjusting the starting, intermediate and ending boundary contours based on the corresponding polar image.

24. A method of determining a boundary contour of a blood vessel
20 from a series of intravascular ultrasound images which are generated from data acquired radially within the blood vessel by an ultrasonic device, the method comprising the steps of:

selecting a starting image and an ending image from the series of
25 intravascular ultrasound images which define a group of images having intermediate images therebetween;

selecting boundary points on the starting and ending images which are in a vicinity of a boundary of the blood vessel;

generating a starting contour based on the boundary points of the
30 starting image and generating an ending contour based on the boundary points of the ending image;

generating intermediate contours for each of the intermediate images based on the starting and ending contours; and

determining a boundary contour of the blood vessel in three dimensions
35 based on the starting, intermediate and ending contours.

5 25. The method of determining a boundary contour of a blood vessel
as set forth in claim 24 further including optimizing the starting contour, the
intermediate contours, and the ending contour by adjusting each contour based
on a polar image generated from the corresponding ultrasound image.

10 26. The method of determining a boundary contour of a blood vessel
as set forth in claim 25 further including adjusting the polar image to distinguish
pixel values around a boundary in the polar image.

1 of 8

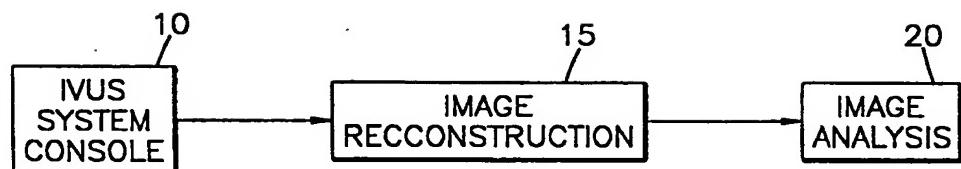


Fig.1

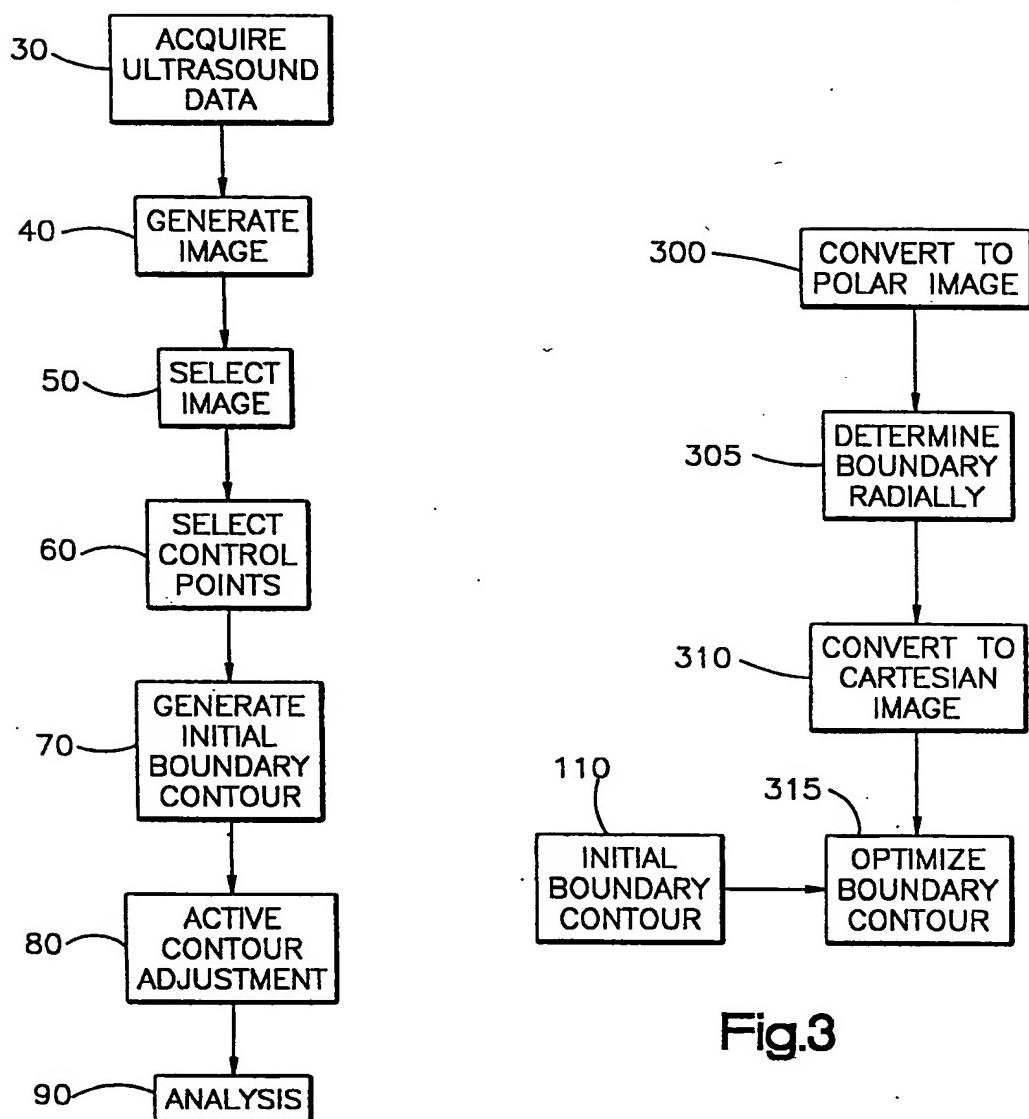
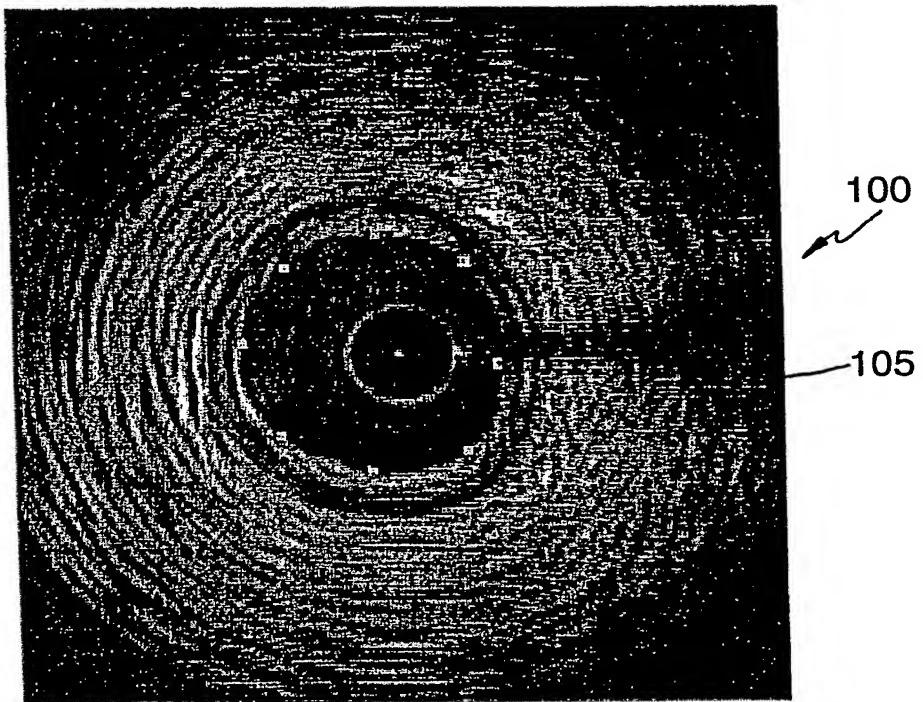
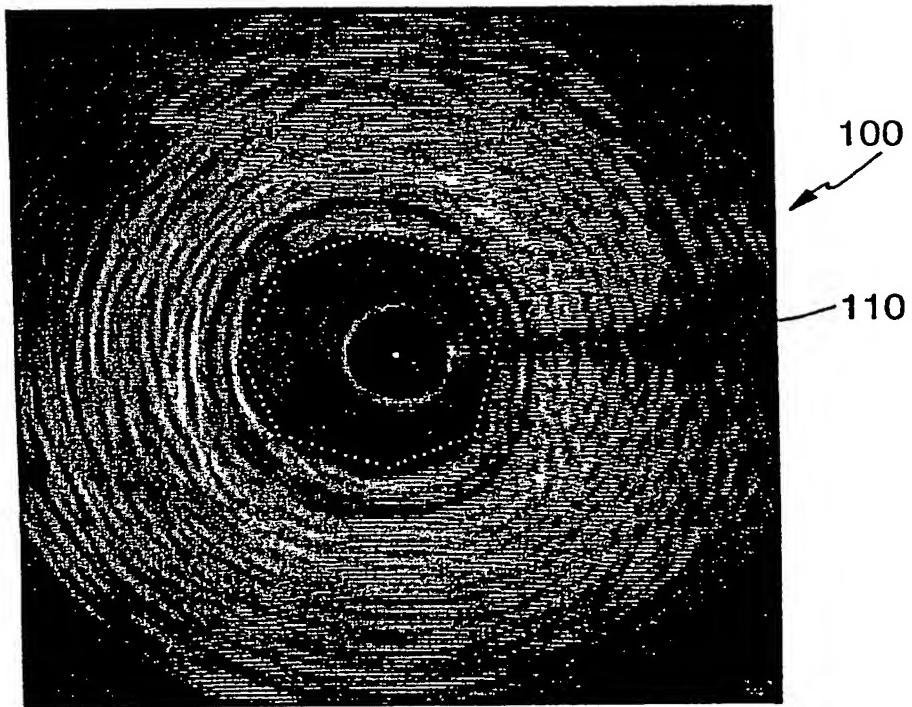


Fig.2

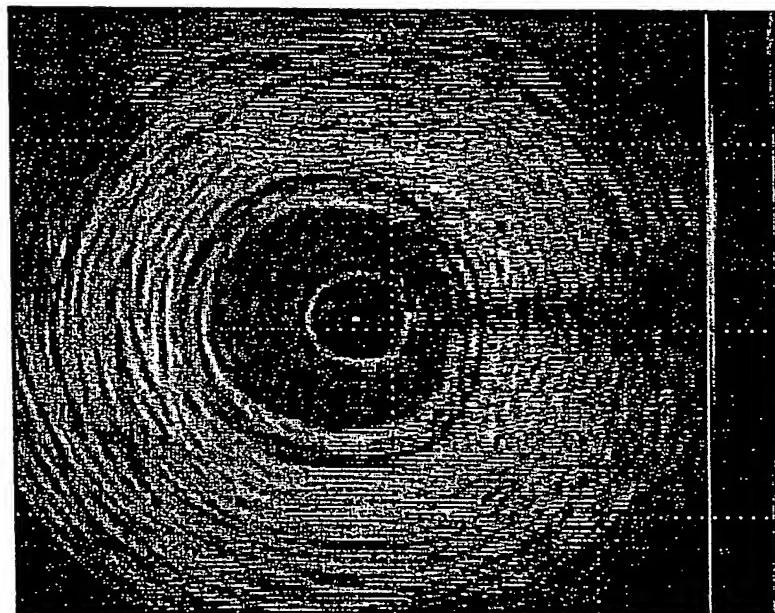
Fig.3

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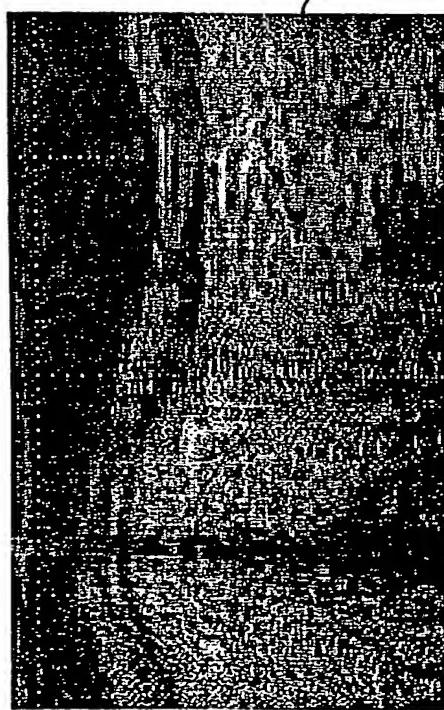
Fig.4**Fig.5**

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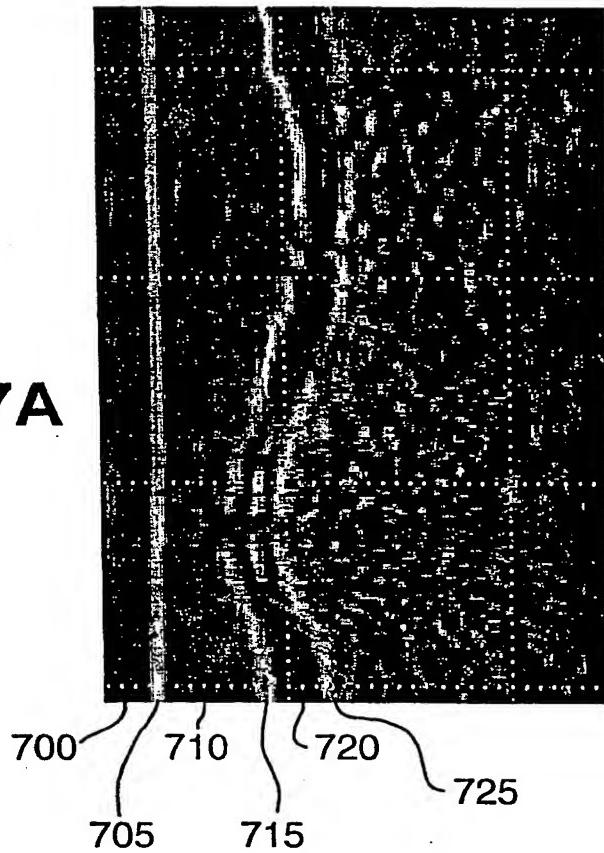
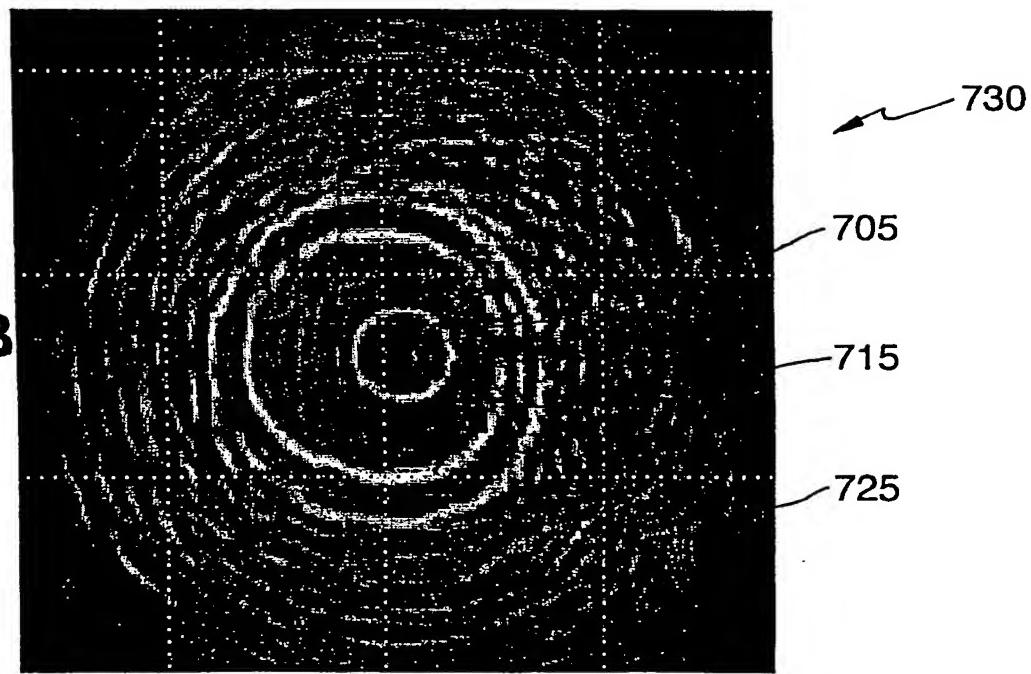
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**Fig.6A****BEST AVAILABLE COPY**

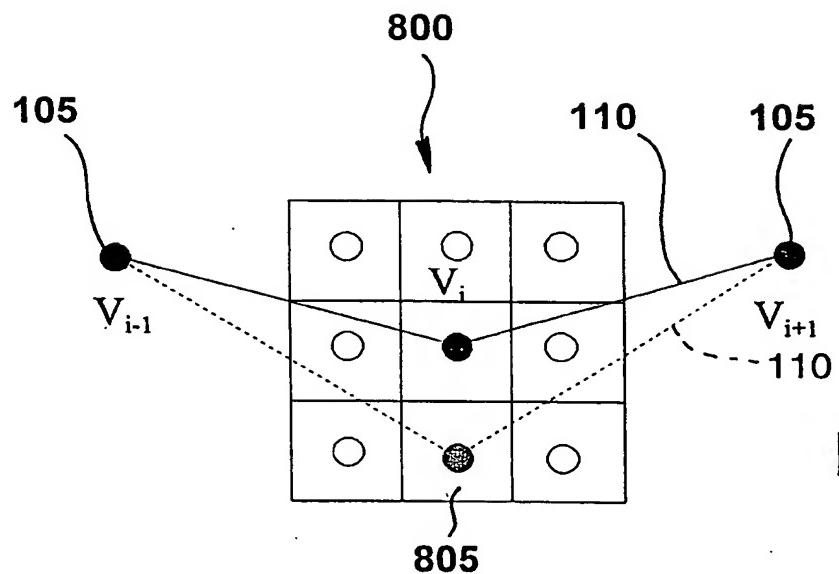
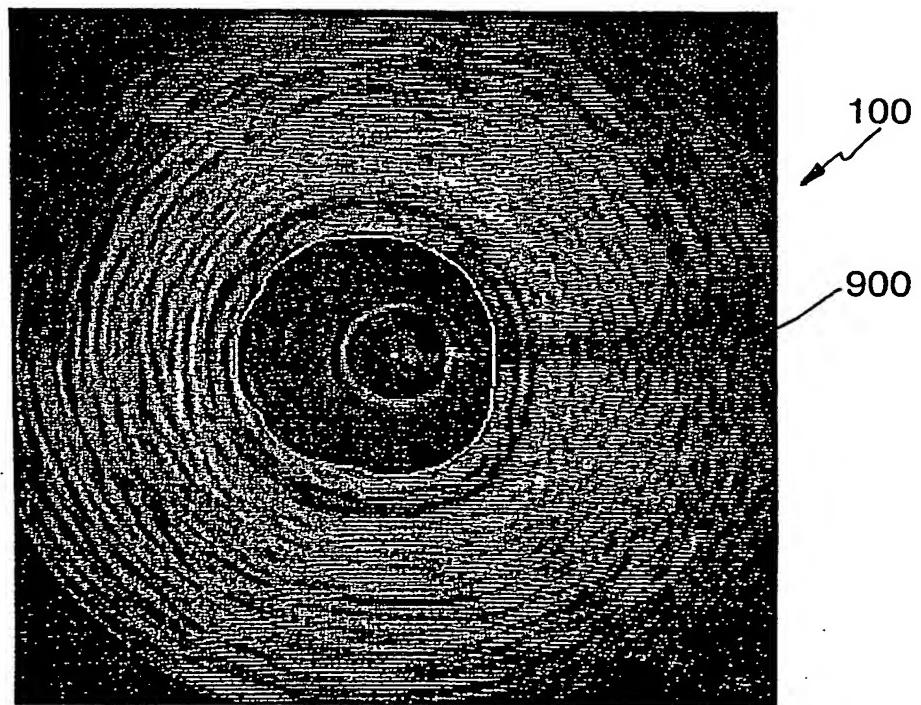
600

**Fig.6B**

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Fig.7A**Fig.7B**

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**Fig.8****Fig.9**

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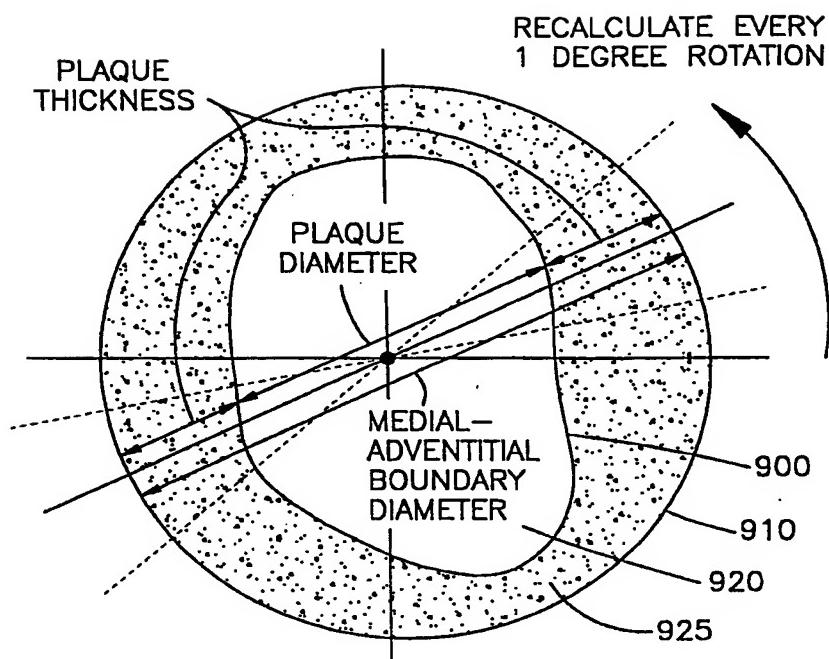


Fig.10

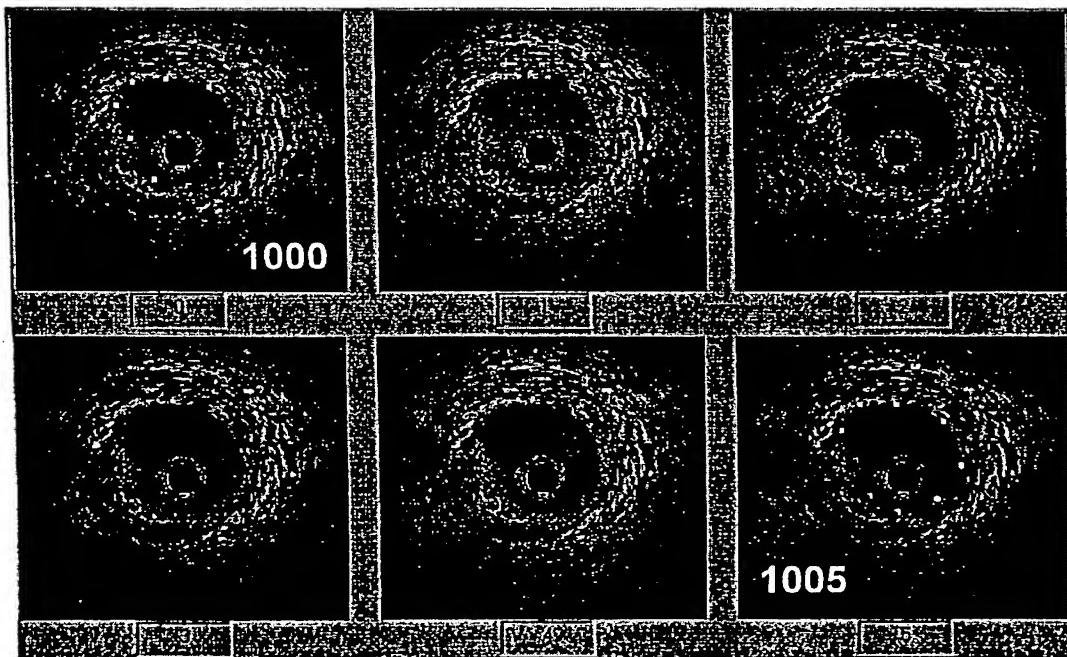


Fig.11

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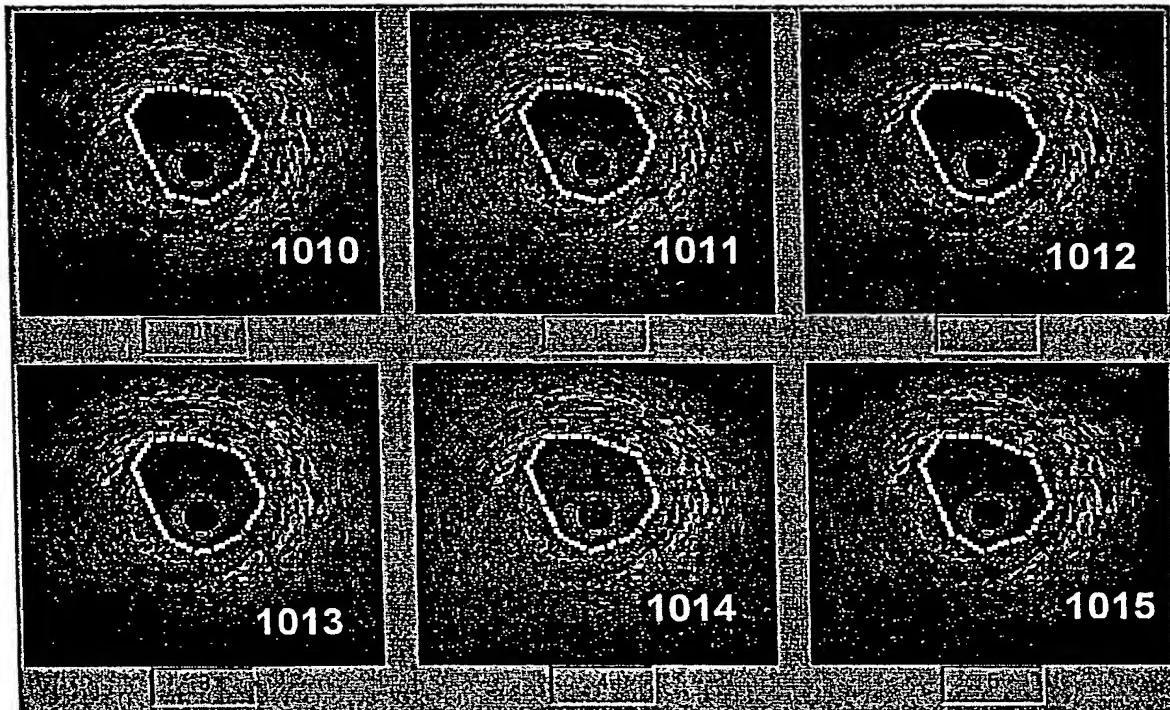


Fig.12

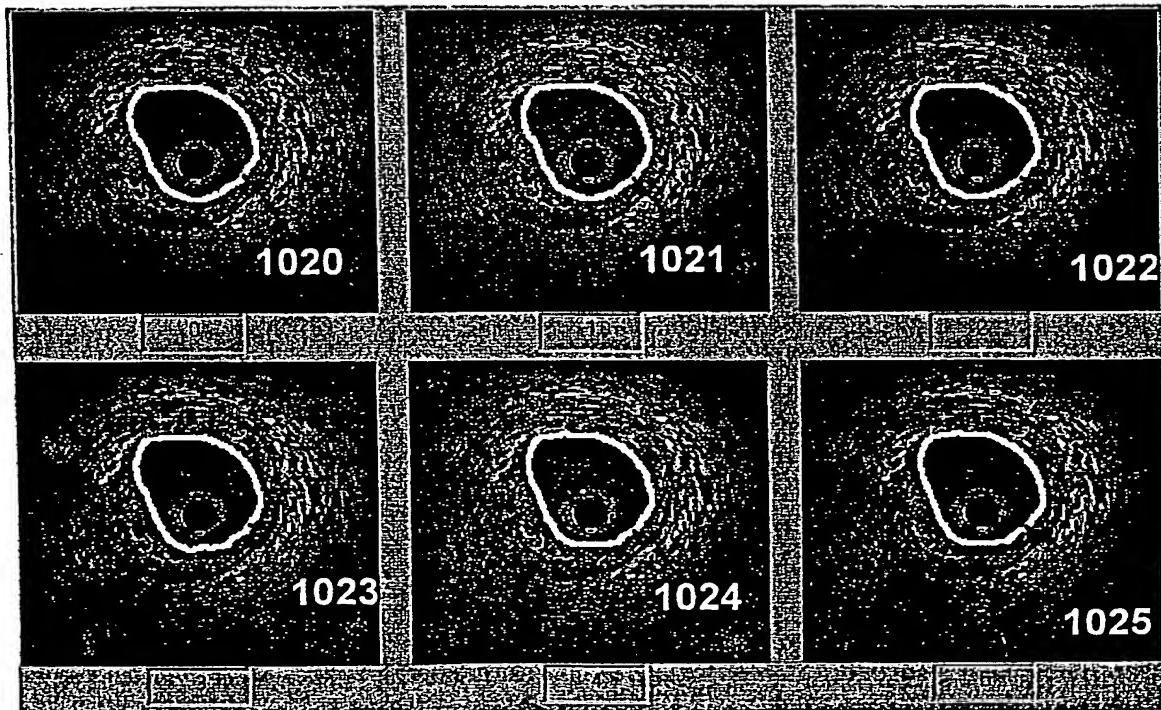


Fig.13

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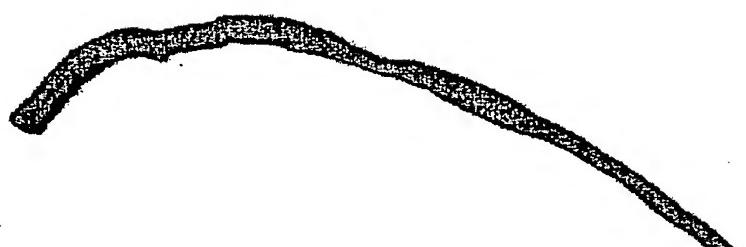


Fig.14

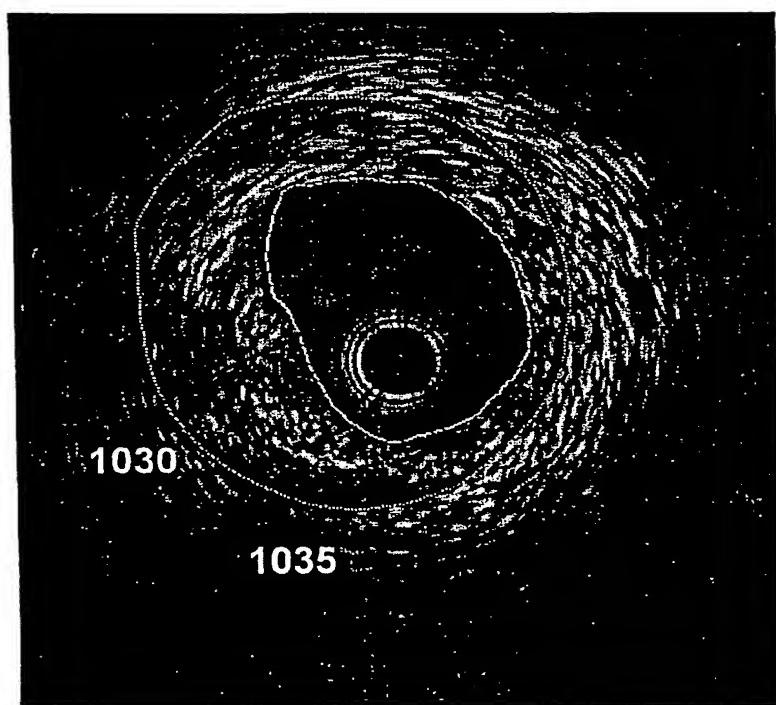


Fig.15

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US00/17241

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) : A 61 B 8/00; A 61 K 35/00; G 06 K 9/00
US CL : 600/443; 424/101; 382/27,128; 128/672

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 600/443; 424/101; 382/27,128; 128/672

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 5,885,218 A (TEO et al) 23 March 1999, col. 13, lines 1-37,	1-16, 18-26
Y		17
Y	US 4,837,379 A (WEINBERG) 06 June 1989, col. 9, lines 52-64	17

Further documents are listed in the continuation of Box C. See patent family annex.

* Special categories of cited documents:	"T"	later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
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O document referring to an oral disclosure, use, exhibition or other means		
P document published prior to the international filing date but later than the priority date claimed		

Date of the actual completion of the international search 08 SEPTEMBER 2000	Date of mailing of the international search report 12 OCT 2000
Name and mailing address of the ISA/US Commissioner of Patents and Trademarks Box PCT Washington, D.C. 20231 Facsimile No. (703) 305-3230	Authorized officer ABOLFAZL TABATABAI <i>James R. Matthews</i> Telephone No. (703) 306-5917

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